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## UTILITY DEPOSIT TRANSFER

This form is for current customers who have an active account.

### (PART A) THIS SECTION TO BE COMPLETED BY THE CURRENT CUSTOMER

Current name on account \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby relinquish my utility deposit and transfer it to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### (PART B) THIS SECTION TO BE COMPLETED BY THE NEW CUSTOMER

*Two forms of identification are required at least one must be a photo I.D.*

Legal Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your Social Security# \_\_\_\_\_ Your DL \_\_\_\_\_ State \_\_\_\_\_

Spouse/Roommate/Partner Legal Name \_\_\_\_\_

Their Work Phone \_\_\_\_\_ Their Cell Phone \_\_\_\_\_

Their Social Security # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Their Phone \_\_\_\_\_

Please list a password for your account \_\_\_\_\_

And a reminder, in case you forget your password: \_\_\_\_\_

I hereby certify that this information is truthful and accurate. I understand that a transfer deposit fee will be added to my first monthly bill. I further understand that failure to pay my bill will result in my service being disconnected and my account will be turned to a collection agency if I do not pay my final bill. I will be responsible for any additional collection fees, charges and/or legal fees incurred in the collection of the debt.

Signature \_\_\_\_\_

Date \_\_\_\_\_